



CAMPAIGN FINANCE REPORT—STATEMENT OF NO ACTIVITY

STATE OF WISCONSIN

Received
JUL 7 6 2021
COUNTY CLERK
Dane County

Note: Use of this form is required by the Ethics Commission for reporting no activity in a campaign finance reporting period. Completion of this form is mandatory for committees that file on paper. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

SECTION A: REGISTRANT INFORMATION

A1. Name of Committee/Conduit (in full) Cheryl Berken for Register of Deeds			
A2. Committee/Conduit ID Number (if applicable)		A3. Email cheryl.berken@gmail.com	A4. Phone 920-471-9110
A5. Mailing Address 517 12th Ave		A6. City Green Bay	A7. State WI
		A8. Zip 54303	

SECTION B: REPORT INFORMATION

B1. Report Type (Choose One)				B2. Special Election Date (if applicable)	
<input type="checkbox"/> January Continuing	<input type="checkbox"/> Spring Pre-Primary	<input type="checkbox"/> Fall Pre-Primary	<input type="checkbox"/> Special Pre-Primary		
<input checked="" type="checkbox"/> July Continuing	<input type="checkbox"/> Spring Pre-Election	<input type="checkbox"/> September	<input type="checkbox"/> Special Pre-Election		
		<input type="checkbox"/> Fall Pre-Election	<input type="checkbox"/> Special Post-Election		
Reporting Period The start date for your campaign finance report should be the day following the end date of your previous campaign finance. Example: If your previous report had a start date of January 1 and an end date of June 30, this report should have a start date of July 1. Review the filing calendar with reporting periods online at: https://Ethics.wi.gov/FilingCalendar			B3. Reporting Period Start Date 01/01/21		
			B4. Reporting Period End Date 06/30/21		
Party and Legislative Campaign Committees Only					
B5. Is This Report for Your General Fund or Segregated Fund Account? (Choose One)					
<input checked="" type="checkbox"/> General Fund <input type="checkbox"/> Segregated Fund					

SECTION C: LIMITED ACTIVITY REPORTING EXEMPTION (OPTIONAL)

Filing Exemption Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot.	C1. Exemption Request and Affirmation <input type="checkbox"/> Yes, this registrant is eligible for a filing exemption and would like to request an exemption for this calendar year. <input checked="" type="checkbox"/> No, this registrant is not requesting exemption
---	--

SECTION D: CERTIFICATION

I certify that the above named registrant has not engaged in any financial transactions during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills the requirements under Wis. STAT. § 11.0103(3)(d).

Authorized Representative		
D1. Printed Name Cheryl Berken	D2. Signature Cheryl Berken	D3. Date 7/6/21



CAMPAIGN FINANCE REPORT—STATEMENT OF NO ACTIVITY

STATE OF WISCONSIN

Note: Use of this form is required by the Ethics Commission for reporting no activity in a campaign finance filing period. Completion of this form is mandatory for committees that file on paper. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

Received
JAN 19 2021
Brown County Clerk

SECTION A: REGISTRANT INFORMATION

A1. Name of Committee/Conduit (In full) Berndt for Brown County Executive			
A2. Committee/Conduit ID Number (if applicable)		A3. Email berndt_mark@yahoo.com	A4. Phone (920) 246-5729
A5. Mailing Address 1044 WRIGHTSTOWN ROAD		A6. City DE PERE	A7. State WI
		A8. Zip 54115	

SECTION B: REPORT INFORMATION

B1. Report Type (Choose One)				B2. Special Election Date (if applicable)
<input checked="" type="checkbox"/> January Continuing <input checked="" type="checkbox"/> July Continuing	<input type="checkbox"/> Spring Pre-Primary <input type="checkbox"/> Spring Pre-Election	<input type="checkbox"/> Fall Pre-Primary <input type="checkbox"/> September <input type="checkbox"/> Fall Pre-Election	<input type="checkbox"/> Special Pre-Primary <input type="checkbox"/> Special Pre-Election <input type="checkbox"/> Special Post-Election	
Reporting Period The start date for your campaign finance report should be the day following the end date of your previous campaign finance. Example: If your previous report had a start date of January 1 and an end date of June 30, this report should have a start date of July 1. Review the filing calendar with reporting periods online at: https://ethics.wi.gov/FilingCalendar		B3. Reporting Period Start Date 1-01-2021		
Party and Legislative Campaign Committees Only		B4. Reporting Period End Date 6-18-2021		
B5. Is This Report for Your General Fund or Segregated Fund Account? (Choose One) <input checked="" type="checkbox"/> General Fund <input type="checkbox"/> Segregated Fund				

SECTION C: LIMITED ACTIVITY REPORTING EXEMPTION (OPTIONAL)

Filing Exemption Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot.	C1. Exemption Request and Affirmation <input type="checkbox"/> Yes, this registrant is eligible for a filing exemption and would like to request an exemption for this calendar year. <input checked="" type="checkbox"/> No, this registrant is not requesting exemption
---	--

SECTION D: CERTIFICATION

I certify that the above named registrant has not engaged in any financial transactions during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills the requirements under Wis. STAT. § 11.0103(3)(d).

Authorized Representative

D1. Printed Name Mark Berndt	D2. Signature Mark Berndt	D3. Date 6/18/2021
---------------------------------	------------------------------	-----------------------



CAMPAIGN FINANCE REPORT—STATEMENT OF NO ACTIVITY

STATE OF WISCONSIN

Note: Use of this form is required by the Ethics Commission for reporting no activity in a campaign finance filing period. Completion of this form is mandatory for committees that file on paper. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

SECTION A: REGISTRANT INFORMATION

A1. Name of Committee/Conduit (in full) <u>Friends of Megan Borchardt</u>			
A2. Committee/Conduit ID Number (if applicable)	A3. Email <u>1146 9th St.</u>	A4. Phone <u>(608) 948-8008</u>	
A5. Mailing Address <u>Megan Borchardt 12 Ogden St.</u>	A6. City <u>Green Bay</u>	A7. State <u>WI</u>	A8. Zip <u>54304</u>

SECTION B: REPORT INFORMATION

B1. Report Type (Choose One) <input type="checkbox"/> January Continuing <input checked="" type="checkbox"/> July Continuing <input type="checkbox"/> Spring Pre-Primary <input type="checkbox"/> Spring Pre-Election <input type="checkbox"/> Fall Pre-Primary <input type="checkbox"/> September <input type="checkbox"/> Fall Pre-Election				B2. Special Election Date (if applicable) <input type="checkbox"/> Special Pre-Primary <input type="checkbox"/> Special Pre-Election <input type="checkbox"/> Special Post-Election
Reporting Period <i>The start date for your campaign finance report should be the day following the end date of your previous campaign finance. Example: If your previous report had a start date of January 1 and an end date of June 30, this report should have a start date of July 1.</i> <i>Review the filing calendar with reporting periods online at: https://ethics.wi.gov/FilingCalendar</i>		B3. Reporting Period Start Date <u>JAN 1, 2021</u>		
Party and Legislative Campaign Committees Only		B4. Reporting Period End Date <u>July 14th June 30th 2021</u>		
B5. Is This Report for Your General Fund or Segregated Fund Account? (Choose One) <input checked="" type="checkbox"/> General Fund <input type="checkbox"/> Segregated Fund				

SECTION C: LIMITED ACTIVITY REPORTING EXEMPTION (OPTIONAL)

Filing Exemption <i>Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot.</i>	C1. Exemption Request and Affirmation <input checked="" type="checkbox"/> Yes, this registrant is eligible for a filing exemption and would like to request an exemption for this calendar year. <input type="checkbox"/> No, this registrant is not requesting exemption
--	--

SECTION D: CERTIFICATION

I certify that the above named registrant has not engaged in any financial transactions during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills the requirements under Wis. STAT. § 11.0103(3)(d).

Authorized Representative		
D1. Printed Name <u>Elizabeth Hudak</u>	D2. Signature 	D3. Date <u>7/14/2021</u>

Received

JUL 14 2021

Brown County Clerk



CAMPAIGN FINANCE REPORT—STATEMENT OF NO ACTIVITY

STATE OF WISCONSIN

Note: Use of this form is required by the Ethics Commission for reporting no activity in a campaign finance filing period. Completion of this form is mandatory for committees that file on paper. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

SECTION A: REGISTRANT INFORMATION

A1. Name of Committee/Conduit (in full) Buckley For County Supervisor			
A2. Committee/Conduit ID Number (if applicable)		A3. Email	A4. Phone 920 997-3052
A5. Mailing Address 3249 West Point Rd		A6. City Green Bay	A7. State WI
		A8. Zip 54313	

SECTION B: REPORT INFORMATION

B1. Report Type (Choose One)				B2. Special Election Date (if applicable)	
<input type="checkbox"/> January Continuing	<input type="checkbox"/> Spring Pre-Primary	<input type="checkbox"/> Fall Pre-Primary	<input type="checkbox"/> Special Pre-Primary		
<input checked="" type="checkbox"/> July Continuing	<input type="checkbox"/> Spring Pre-Election	<input type="checkbox"/> September	<input type="checkbox"/> Special Pre-Election		
		<input type="checkbox"/> Fall Pre-Election	<input type="checkbox"/> Special Post-Election		
Reporting Period <i>The start date for your campaign finance report should be the day following the end date of your previous campaign finance. Example: If your previous report had a start date of January 1 and an end date of June 30, this report should have a start date of July 1.</i> <i>Review the filing calendar with reporting periods online at: https://ethics.wi.gov/FilingCalendar</i>			B3. Reporting Period Start Date Jan 1 2021		
			B4. Reporting Period End Date June 30 2021		
Party and Legislative Campaign Committees Only					
B5. Is This Report for Your General Fund or Segregated Fund Account? (Choose One)					
<input checked="" type="checkbox"/> General Fund <input type="checkbox"/> Segregated Fund					

SECTION C: LIMITED ACTIVITY REPORTING EXEMPTION (OPTIONAL)

Filing Exemption <i>Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot.</i>	C1. Exemption Request and Affirmation <input type="checkbox"/> Yes, this registrant is eligible for a filing exemption and would like to request an exemption for this calendar year. <input checked="" type="checkbox"/> No, this registrant is not requesting exemption
--	--

SECTION D: CERTIFICATION

<i>I certify that the above named registrant has not engaged in any financial transactions during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills the requirements under Wis. Stat. § 11.0103(3)(d).</i>		
Authorized Representative		
D1. Printed Name Patrick J. Buckley	D2. Signature 	D3. Date 6-30-21

Received
JUN 30 2021
-Brown County Clerk

Received
-Brown County Clerk

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Todd Delain

Street Address

3838 Conard Road

City, State and Zip Code

New Franken, WI 54229

Received
JUL - 9 2021
-Brown County Clerk

OFFICE USE ONLY

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing _____ ☐ Pre-Primary _____ ☐ Spring ☐ Fall ☐ Special ☐ Termination Report
☒ July Continuing 2021 ☐ Pre-Election _____ also complete Schedule 4
☐ September Continuing _____

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 0	\$ 0
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0
1C. Other Income and Commercial Loans	\$ 0	\$ 0
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$ 0

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 60	\$ 60
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 60	\$ 60

CASH SUMMARY

Cash Balance Beginning of Report	\$ 434.70
Total Receipts	\$ 0
Subtotal	\$ 434.70
Total Disbursements	\$ 60.00
CASH BALANCE END OF REPORT	\$ 374.70
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0
LOANS (Balance at the Close of This Period-3B)	\$ 0

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date:
Todd J. Delain	<u>Todd J. Delain</u>	07-07-21
	Email <u>friends of todddelain@gmail.com</u>	Daytime Phone: <u>920265-3834</u>

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

Complete Committee Name

Friends of Todd Delain

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 0

0

TOTAL ITEMIZED CONTRIBUTIONS

\$ 0

0

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ 0

0

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 0

0

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
Friends of Todd Delain

Instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Amount of Contribution
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		\$ 0
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ 0

Complete Committee Name
Friends of Todd Delain

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
SUBTOTAL OTHER INCOME THIS PAGE			\$ 0
TOTAL ITEMIZED OTHER INCOME			\$ 0
TOTAL OTHER INCOME			\$ 0

SCHEDULE 2-A
DISBURSEMENTS
Gross Expenditures

Page 4 of 7

Complete Committee Name

Friends of Todd Delain

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
4/1 2021	446 Technologies LLC 446 Cornelius Drive Green Bay, WI 54311 Check if: <input type="checkbox"/> In-Kind Offset	Domain Registration	\$ 60
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 60
TOTAL ITEMIZED EXPENDITURES			\$ 0
TOTAL UNITEMIZED EXPENDITURES			\$ 0
TOTAL EXPENDITURES			\$ 60

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name

Friends of Todd Delain

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
	<p>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan</p>		
	<p>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan</p>		
	<p>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan</p>		
	<p>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan</p>		
	<p>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan</p>		
	<p>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan</p>		
	<p>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan</p>		
	<p>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan</p>		
	<p>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan</p>		
<p align="right">SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE</p>		\$ 0	0
<p align="right">TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES</p>		\$ 0	0

SCHEDULE 3-A**Incurred Obligations Excluding Loans
ADDITIONAL DISCLOSURE**Page 6 of 7

Complete Committee Name

Friends of Todd Delain

Instructions for completing schedules are on the back of each schedule.

		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			

SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE

\$

0

TOTAL ITEMIZED OBLIGATIONS

\$

0

TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS

\$

0

TOTAL INCURRED OBLIGATIONS

\$

0

Loans
Individual, Committee or Commercial
ADDITIONAL DISCLOSURE

Complete Committee Name

Friends of Todd Delain

Instructions for completing schedules are on the back of each schedule.

Date / /	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Date / /	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Date / /	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

END OF REPORT

SUBTOTAL OUTSTANDING LOANS THIS PAGE

 \$ 0

TOTAL OUTSTANDING LOANS

 \$ 0



Brown County

CAMPAIGN FINANCE REPORT—STATEMENT OF NO ACTIVITY

STATE OF WISCONSIN

Note: Use of this form is required by the Ethics Commission for reporting no activity in a campaign finance filing period. Completion of this form is mandatory for committees that file on paper. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

SECTION A: REGISTRANT INFORMATION

A1. Name of Committee/Conduit (in full)

Eisenheim for a Better Green Bay

A2. Committee/Conduit ID Number (if applicable)

A3. Email

erik.b.eisenheim@gmail.com

A4. Phone

(920) 284-8493

A5. Mailing Address

843 Dousman Street

A6. City

Green Bay

A7. State

WI

A8. Zip

54303

SECTION B: REPORT INFORMATION

B1. Report Type (Choose One)

☐ January Continuing

☒ July Continuing

☐ Spring Pre-Primary

☐ Spring Pre-Election

☐ Fall Pre-Primary

☐ September

☐ Fall Pre-Election

☐ Special Pre-Primary

☐ Special Pre-Election

☐ Special Post-Election

B2. Special Election Date (if applicable)

Reporting Period

The start date for your campaign finance report should be the day following the end date of your previous campaign finance. Example: If your previous report had a start date of January 1 and an end date of June 30, this report should have a start date of July 1.

Review the filing calendar with reporting periods online at: <https://Ethics.wi.gov/FilingCalendar>

B3. Reporting Period Start Date

1/1/21

B4. Reporting Period End Date

6/30/21

Party and Legislative Campaign Committees Only

B5. Is This Report for Your General Fund or Segregated Fund Account? (Choose One)

☒ General Fund

☐ Segregated Fund

SECTION C: LIMITED ACTIVITY REPORTING EXEMPTION (OPTIONAL)

Filing Exemption

Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot.

C1. Exemption Request and Affirmation

☐ Yes, this registrant is eligible for a filing exemption and would like to request an exemption for this calendar year.

☒ No, this registrant is not requesting exemption

SECTION D: CERTIFICATION

I certify that the above named registrant has not engaged in any financial transactions during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills the requirements under Wis. STAT. § 11.0103(3)(d).

Authorized Representative

D1. Printed Name

Erik Eisenheim

D2. Signature

D3. Date

7/16/21

Received
JUL 16 2021
Brown County Clerk



CAMPAIGN FINANCE REPORT—STATEMENT OF NO ACTIVITY

STATE OF WISCONSIN

Note: Use of this form is required by the Ethics Commission for reporting no activity in a campaign finance filing period. Completion of this form is mandatory for committees that file on paper. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

SECTION A: REGISTRANT INFORMATION

A1. Name of Committee/Conduit (in full) Friends of Patrick Evans			
A2. Committee/Conduit ID Number (if applicable)	A3. Email patrick.evans@att.net	A4. Phone 920-499-5224	
A5. Mailing Address 1692 Nancy Ave	A6. City Green Bay	A7. State WI	A8. Zip 54303

SECTION B: REPORT INFORMATION

B1. Report Type (Choose One) <input type="checkbox"/> January Continuing <input checked="" type="checkbox"/> July Continuing <input type="checkbox"/> Spring Pre-Primary <input type="checkbox"/> Spring Pre-Election <input type="checkbox"/> Fall Pre-Primary <input type="checkbox"/> September <input type="checkbox"/> Fall Pre-Election <input type="checkbox"/> Special Pre-Primary <input type="checkbox"/> Special Pre-Election <input type="checkbox"/> Special Post-Election			B2. Special Election Date (if applicable)
Reporting Period <i>The start date for your campaign finance report should be the day following the end date of your previous campaign finance. Example: If your previous report had a start date of January 1 and an end date of June 30, this report should have a start date of July 1.</i> <i>Review the filing calendar with reporting periods online at: https://ethics.wi.gov/FilingCalendar</i>		B3. Reporting Period Start Date Jan 1, 2021	
Party and Legislative Campaign Committees Only		B4. Reporting Period End Date June 30, 2021	
B5. Is This Report for Your General Fund or Segregated Fund Account? (Choose One) <input checked="" type="checkbox"/> General Fund <input type="checkbox"/> Segregated Fund			

SECTION C: LIMITED ACTIVITY REPORTING EXEMPTION (OPTIONAL)

Filing Exemption <i>Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot.</i>	C1. Exemption Request and Affirmation <input type="checkbox"/> Yes, this registrant is eligible for a filing exemption and would like to request an exemption for this calendar year. <input checked="" type="checkbox"/> No, this registrant is not requesting exemption
--	--

SECTION D: CERTIFICATION

<i>I certify that the above named registrant has not engaged in any financial transactions during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills the requirements under Wis. Stat. § 11.0103(3)(d).</i>		
Authorized Representative		
D1. Printed Name Patrick M. Evans	D2. Signature 	D3. Date 7/12/2021

Received

JUL 12 2021

Brown County Clerk



CAMPAIGN FINANCE REPORT—STATEMENT OF NO ACTIVITY

STATE OF WISCONSIN

Note: Use of this form is required by the Ethics Commission for reporting no activity in a campaign finance filing period. Completion of this form is mandatory for committees that file on paper. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

SECTION A: REGISTRANT INFORMATION

A1. Name of Committee/Conduit (in full) THOMAS LUND			
A2. Committee/Conduit ID Number (if applicable)	A3. Email lundtree4@netzero.net	A4. Phone 920-462-2355	
A5. Mailing Address 2091 MAGY CANE	A6. City JUAMICO, WI	A7. State WI	A8. Zip 54313

SECTION B: REPORT INFORMATION

B1. Report Type (Choose One) <input type="checkbox"/> January Continuing <input checked="" type="checkbox"/> July Continuing <input type="checkbox"/> Spring Pre-Primary <input type="checkbox"/> Spring Pre-Election <input type="checkbox"/> Fall Pre-Primary <input type="checkbox"/> September <input type="checkbox"/> Fall Pre-Election <input type="checkbox"/> Special Pre-Primary <input type="checkbox"/> Special Pre-Election <input type="checkbox"/> Special Post-Election				B2. Special Election Date (if applicable)
Reporting Period <i>The start date for your campaign finance report should be the day following the end date of your previous campaign finance. Example: If your previous report had a start date of January 1 and an end date of June 30, this report should have a start date of July 1.</i> <i>Review the filing calendar with reporting periods online at: https://Ethics.wi.gov/FilingCalendar</i>		B3. Reporting Period Start Date Jan 1, 2021		
		B4. Reporting Period End Date JUNE 30, 2021		
Party and Legislative Campaign Committees Only				
B5. Is This Report for Your General Fund or Segregated Fund Account? (Choose One) <input checked="" type="checkbox"/> General Fund <input type="checkbox"/> Segregated Fund				

SECTION C: LIMITED ACTIVITY REPORTING EXEMPTION (OPTIONAL)

Filing Exemption

Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot.

C1. Exemption Request and Affirmation

- ☐ Yes, this registrant is eligible for a filing exemption and would like to request an exemption for this calendar year.
- ☒ No, this registrant is not requesting exemption

SECTION D: CERTIFICATION

I certify that the above named registrant has not engaged in any financial transactions during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills the requirements under Wis. Stat. § 11.0103(3)(d).

Authorized Representative

D1. Printed Name Thomas J Lund	D2. Signature 	D3. Date 6-22-21
--	---	----------------------------

Received
JUN 22 2021
-Brown County Clerk

CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN	
Is This Report an Amendment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Instructions for completing schedules are on the back of each schedule.	
COMMITTEE IDENTIFICATION	
Name of Committee MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT	
Street Address 2444 BABCOCK RD	
City, State and Zip Code ASHWAUBENON, WI 54313	

Received
 JUL 14 2021
 Brown County Clerk
 OFFICE USE ONLY

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

<input type="checkbox"/> January Continuing _____	<input type="checkbox"/> Pre-Primary _____	<input type="checkbox"/> Spring	<input type="checkbox"/> Fall	<input type="checkbox"/> Special	<input type="checkbox"/> Termination Rep also complete Schedul
<input checked="" type="checkbox"/> July Continuing 2021	<input type="checkbox"/> Pre-Election _____				
<input type="checkbox"/> September Continuing _____					

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ —	\$ —
1B. Contributions from Committees (Transfers-In)	\$ —	\$ —
1C. Other Income and Commercial Loans	\$ — .06	\$ — .06
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ — .06	\$ — .06
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ —	\$ —
2B. Contributions to Committees (Transfers-Out)	\$ —	\$ —
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ —	\$ —

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1,355.80
Total Receipts	\$.06
Subtotal	\$ 1,355.86
Total Disbursements	\$ —
CASH BALANCE END OF REPORT	\$ 1355.86
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ —
LOANS (Balance at the Close of This Period-3B)	\$ —

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer PATRICK W. MOYNIHAN, JR.	Signature of Candidate or Treasurer 	Date: 07/13/21
Email: patrickmoynihanjr@gmail.com Daytime Phone: 920-448-4016		

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

SCHEDULE 1-A

RECEIPTS

Contributions (Including Loans) From Individuals

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
	NONE			
	Check if: In-Kind Loan Conduit – Ethics ID# <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Check if: In-Kind Loan Conduit – Ethics ID# <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Check if: In-Kind Loan Conduit – Ethics ID# <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Check if: In-Kind Loan Conduit – Ethics ID# <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Check if: In-Kind Loan Conduit – Ethics ID# <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Check if: In-Kind Loan Conduit – Ethics ID# <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Check if: In-Kind Loan Conduit – Ethics ID# <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$	
TOTAL ITEMIZED CONTRIBUTIONS			\$	
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS			\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$	

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name: MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT
 Instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Amount of Contribution
	NONE	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		\$ <u>1</u>
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ <u>1</u>

SCHEDULE 1-C

RECEIPTS

Other Income and Commercial Loans

Page 3 of 7

Complete Committee Name

McDermott COMMITTEE FOR RESPONSIBLE GOVERNMENT

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
01/01-06/30 2021	NICOLET NATIONAL BANK 111 N. WASHINGTON ST GREEN BAY, WI 54301	CAMPAIGN CHECKING ACCOUNT INTEREST	.06

SUBTOTAL OTHER INCOME THIS PAGE	\$.06
TOTAL ITEMIZED OTHER INCOME	\$.06
TOTAL OTHER INCOME	\$ -.06

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Page 4 of 7

Complete Committee Name

MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	N/A		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ —
TOTAL ITEMIZED EXPENDITURES			\$ —
TOTAL UNITEMIZED EXPENDITURES			\$ —
TOTAL EXPENDITURES			\$ —

SCHEDULE 2-B
DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Page 4 of 7

Complete Committee Name

MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
	<u>NONE</u> Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$	<u>✓</u>
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$	<u>✓</u>

SCHEDULE 3-A

Incurred Obligations Excluding Loans ADDITIONAL DISCLOSURE

Page 4 of 7

Complete Committee Name

MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT

Instructions for completing schedules are on the back of each schedule.

		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period
Date / /	Full Name, Mailing Address and Zip Code of Creditor NONE				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				

SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE

\$ 1

TOTAL ITEMIZED OBLIGATIONS

\$ 1

TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS

\$ 1

TOTAL INCURRED OBLIGATIONS

\$ 1

SCHEDULE 3-B

Loans
Individual, Committee or Commercial
ADDITIONAL DISCLOSURE

Page 2 of 2

Complete Committee Name

MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT

Instructions for completing schedules are on the back of each schedule.

Date / /	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
	NONE				

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Date / /	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Date / /	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE

\$

END OF REPORT

TOTAL OUTSTANDING LOANS

\$



CAMPAIGN FINANCE REPORT—STATEMENT OF NO ACTIVITY

STATE OF WISCONSIN

Note: Use of this form is required by the Ethics Commission for reporting no activity in a campaign finance filing period. Completion of this form is mandatory for committees that file on paper. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

SECTION A: REGISTRANT INFORMATION

A1. Name of Committee/Conduit (in full) Citizens for Sieber			
A2. Committee/Conduit ID Number (if applicable)	A3. Email Sieber for Supervisor@gmail.com	A4. Phone 920.680.6366	
A5. Mailing Address 480 Masbros Lane	A6. City Green Bay	A7. State WI	A8. Zip 54311

SECTION B: REPORT INFORMATION

B1. Report Type (Choose One) <input type="checkbox"/> January Continuing <input checked="" type="checkbox"/> July Continuing <input type="checkbox"/> Spring Pre-Primary <input type="checkbox"/> Spring Pre-Election <input type="checkbox"/> Fall Pre-Primary <input type="checkbox"/> September <input type="checkbox"/> Fall Pre-Election <input type="checkbox"/> Special Pre-Primary <input type="checkbox"/> Special Pre-Election <input type="checkbox"/> Special Post-Election				B2. Special Election Date (if applicable)
Reporting Period The start date for your campaign finance report should be the day following the end date of your previous campaign finance. Example: If your previous report had a start date of January 1 and an end date of June 30, this report should have a start date of July 1. Review the filing calendar with reporting periods online at: https://ethics.wi.gov/FilingCalendar		B3. Reporting Period Start Date 07/01/2021		
Party and Legislative Campaign Committees Only		B4. Reporting Period End Date 07/01/2021 06/30/		
B5. Is This Report for Your General Fund or Segregated Fund Account? (Choose One) <input checked="" type="checkbox"/> General Fund <input type="checkbox"/> Segregated Fund				

SECTION C: LIMITED ACTIVITY REPORTING EXEMPTION (OPTIONAL)

Filing Exemption Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot.	C1. Exemption Request and Affirmation <input type="checkbox"/> Yes, this registrant is eligible for a filing exemption and would like to request an exemption for this calendar year. <input checked="" type="checkbox"/> No, this registrant is not requesting exemption
---	--

SECTION D: CERTIFICATION

I certify that the above named registrant has not engaged in any financial transactions during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills the requirements under Wis. STAT. § 11.0103(3)(d).

Authorized Representative		
D1. Printed Name Tom Sieber	D2. Signature 	D3. Date 7/3/21

Received
JUL 12 2021
Brown County Clerk
pm



CAMPAIGN FINANCE REPORT—STATEMENT OF NO ACTIVITY

STATE OF WISCONSIN

Received
JUN 30 2021
Brown County Clerk

Note: Use of this form is required by the Ethics Commission for reporting no activity in a campaign finance filing period. Completion of this form is mandatory for committees that file on paper. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

SECTION A: REGISTRANT INFORMATION

A1. Name of Committee/Conduit (in full) Streckenbach for County Executive			
A2. Committee/Conduit ID Number (if applicable)	A3. Email XXXXXX	A4. Phone 920 228 2231	
A5. Mailing Address 205 Miramar Dr.	A6. City Green Bay	A7. State WI	A8. Zip 54301

SECTION B: REPORT INFORMATION

B1. Report Type (Choose One) <input type="checkbox"/> January Continuing <input checked="" type="checkbox"/> July Continuing <input type="checkbox"/> Spring Pre-Primary <input type="checkbox"/> Spring Pre-Election <input type="checkbox"/> Fall Pre-Primary <input type="checkbox"/> September <input type="checkbox"/> Fall Pre-Election <input type="checkbox"/> Special Pre-Primary <input type="checkbox"/> Special Pre-Election <input type="checkbox"/> Special Post-Election				B2. Special Election Date (if applicable)
Reporting Period The start date for your campaign finance report should be the day following the end date of your previous campaign finance. Example: If your previous report had a start date of January 1 and an end date of June 30, this report should have a start date of July 1. Review the filing calendar with reporting periods online at: https://ethics.wi.gov/FilingCalendar		B3. Reporting Period Start Date Jan 1 2021		
Party and Legislative Campaign Committees Only		B4. Reporting Period End Date June 30, 2021		
B5. Is This Report for Your General Fund or Segregated Fund Account? (Choose One) <input checked="" type="checkbox"/> General Fund <input type="checkbox"/> Segregated Fund				

SECTION C: LIMITED ACTIVITY REPORTING EXEMPTION (OPTIONAL)

Filing Exemption Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot.	C1. Exemption Request and Affirmation <input type="checkbox"/> Yes, this registrant is eligible for a filing exemption and would like to request an exemption for this calendar year. <input checked="" type="checkbox"/> No, this registrant is not requesting exemption
---	--

SECTION D: CERTIFICATION

I certify that the above named registrant has not engaged in any financial transactions during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills the requirements under Wis. Stat. § 11.0103(3)(d).		
Authorized Representative		
D1. Printed Name Troy Streckenbach	D2. Signature 	D3. Date 6/30/2021



Note: Use of this form is required by the Ethics Commission for reporting no activity in a campaign finance filing period. Completion of this form is mandatory for committees that file on paper. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

SECTION A: REGISTRANT INFORMATION

A1. Name of Committee/Conduit (in full)	Friends of Vander Leest		
A2. Committee/Conduit ID Number (if applicable)	A3. Email	A4. Phone	
	Vanderleest@hotmail.com	920-737-0999	
A5. Mailing Address	A6. City	A7. State	A8. Zip
1616 9th Street	Green Bay	WI	54304

SECTION B: REPORT INFORMATION

B1. Report Type (Choose One)	B2. Special Election Date (if applicable)	
<input type="checkbox"/> January Continuing <input checked="" type="checkbox"/> July Continuing <input type="checkbox"/> Spring Pre-Primary <input type="checkbox"/> Spring Pre-Election <input type="checkbox"/> Fall Pre-Primary <input type="checkbox"/> September <input type="checkbox"/> Fall Pre-Election <input type="checkbox"/> Special Pre-Primary <input type="checkbox"/> Special Pre-Election <input type="checkbox"/> Special Post-Election		
B3. Reporting Period	B3. Reporting Period Start Date	
The start date for your campaign finance report should be the day following the end date of your previous campaign finance. Example: If your previous report had a start date of January 1 and an end date of June 30, this report should have a start date of July 1.	July 1, 2020	
Review the filing calendar with reporting periods online at: https://ethics.wi.gov/FilingCalendar	B4. Reporting Period End Date	
	June 30, 2021	
Party and Legislative Campaign Committees Only		
B5. Is This Report for Your General Fund or Segregated Fund Account? (Choose One)		
<input checked="" type="checkbox"/> General Fund <input type="checkbox"/> Segregated Fund		

SECTION C: LIMITED ACTIVITY REPORTING EXEMPTION (OPTIONAL)

C1. Exemption Request and Affirmation	C1. Exemption Request and Affirmation
Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot.	<input type="checkbox"/> Yes, this registrant is eligible for a filing exemption and would like to request an exemption for this calendar year. <input checked="" type="checkbox"/> No, this registrant is not requesting exemption

SECTION D: CERTIFICATION

I certify that the above named registrant has not engaged in any financial transactions during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills the requirements under Wis. Stat. § 11.0103(3)(d).	
Authorized Representative	
D1. Printed Name	D2. Signature
John A. Vander Leest	John Vander Leest
	D3. Date
	7/14/2021

Received

JUL 14 2021

Brown County Clerk